



VVFC VACCINE INVENTORY REPORT

PIN _____

Practice _____

Address _____

Date
Conducted: _____

Contact _____

Phone () _____

Fax () _____

TEMPERATURES
REFRIGERATOR

°F / °C (please circle)

FREEZER

°F / °C (please circle)

INSTRUCTIONS: Conduct vaccine inventory only on the designated date. Before counting the vaccine, record refrigerator and freezer temperatures. **List the vaccine doses by lot number.** Record the number of doses, not vials, for each lot number. Multiple lines are supplied for multiple lot numbers of the same vaccine. Only count the vaccine provided at no cost by the Department of Health. Do not include any privately purchased vaccine in your inventory. Estimate the number of doses left in any opened, multi-dose vials. Any expired or wasted vaccine should be reported on a VVFC Return Form and submitted with this report. Fax or mail the completed report to the Division of Immunization at the address and/or fax number below.

VACCINE	LOT NUMBER	BRAND	EXPIRATION	DOSES
DT (Pediatric, High Risk)				
DTaP				
DTaP				
DTaP-Hep B-IPV (Pediarix)				
DTaP-Hep B-IPV (Pediarix)				
DTaP-Hib (Trihibit)				
Hepatitis A				
Hepatitis B (3 dose series)				
Hepatitis B (3 dose series)				
Hepatitis B 2-dose (Adolescent)				
Hib				
Hib				
Hep B-Hib (Comvax)				
Hep B-Hib (Comvax)				
Influenza (Flu) w/ Preservative				
Influenza (Flu) Preservative Free				
Influenza LAIV (FluMist)				
IPV (Polio)				
IPV (Polio)				
MCV4 (Meningococcal Conjugate)				
MPSV4 (Mening Polysaccharide)				
MMR				
MMR				
MMR-Varicella (MMRV)				
PCV-7 (Pneumococcal Conjugate)				
PCV-7 (Pneumococcal Conjugate)				
PPV-23 (Pneumo Polysaccharide)				
Rotavirus				
Td (Adolescent / Adult)				
Tdap (Adolescent/Adult)				
Varicella (Chickenpox)				
Varicella (Chickenpox)				
Other Vaccines/Lot Numbers:				

Division of Immunization, P.O. Box 2448
109 Governor Street, Room 314 West
Richmond, VA 23218

Phone (800) 568-1929
(804) 864-8055
Fax (804) 864-8090 or 8089

7/1/2006, Public and Private Facilities

VDH VIRGINIA
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